

APPLICATION
for
ABBOTT
**2010/2011 IBD Clinical
Research Grant**

Closing Date 30 September 2010

Postal & Courier Address
GESA
PO Box 508, Mulgrave
VIC 3170

**Applications must be on this original application form
LATE, FAXED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**



www.gesa.org.au

SPECIFIC CONDITIONS:

Abbott IBD Clinical Research Grant

PURPOSE

The purpose of the Abbott IBD Clinical Research Grant is to advance understanding of inflammatory bowel disease (IBD) and its molecularly targeted treatment strategies in order to provide improved care to patients with inflammatory bowel disease.

To achieve this, the Abbott IBD Clinical Research Grant will provide a 'bridging' or 'seeding grant' to support novel research projects. Ultimately, it is expected that with the support of this research grant these novel projects will progress to a stage where applicants are able to attract more significant levels of funding outside of this program.

The Abbott IBD Research Grant aims to support important innovative clinical and scientific research that will ultimately benefit patients with inflammatory bowel disease. Therefore projects must have clinically-focused objectives.

Research topics may represent clinical, fundamental or epidemiological research, as long as there is a strong focus on an unmet clinical need in inflammatory bowel disease

DEFINITION

Clinical research is defined broadly as research predominantly involving human subjects. It may involve clinical or physiological studies of patients or volunteers, studies based on diagnostic or therapeutic procedures, clinical epidemiology, population studies, observational studies, clinical practice, treatment trials or evaluation of medical technology. There may be a component of laboratory studies, but applications for predominately laboratory-based work should be directed to the other awards offered by the Society.

VALUE

Current value of this Clinical Research Grant is \$75,000 for a one year period only.

ELIGIBILITY

Unit head must:

- Read, understand and agree to all the requirements listed in the 2010/2011 Instruction booklet;
- Be a current financial member of the Gastroenterological Society of Australia or New Zealand;
- Be an established investigator as evidenced by previous or present project or program grant funding (i.e., from NHMRC, ARC, NIH, hospital foundation or university sources); and
- Correctly complete the application form and lodge it with attachments prior to the closing date.

REPORTING

Grant recipients must provide the Society with a concise summary of their progress, including publications and presentations, by 30 June in the year the Grant is awarded as well as a final report by the end of the granting period.

Date Received: _____

Application for ABBOTT IBD Clinical Research Grant

Closing Date 30 September 2010

PROJECT TITLE: _____

Chief Investigator A (CIA) _____

1. CIA Title _____

Gender (M/F) _____

Surname _____

Given Names _____

2. Address _____

State _____ Postcode

3. Phone _____ **Facsimile** _____

4. Email _____

5. CIA Citizenship/Medical/Professional Registration

a. Are you an Australian citizen? Enter yes or no _____

(ii) If you answered no to the above do you hold permanent Australian residency status? _____

Please attach evidence of residency status. Applications without this will not be considered.

b. State of registration, registration number and expiry date: _____

6. Name, full address of administering institution _____

12. Chief Investigators Profile

(Chief Investigator A will be considered the contact point for the Project Grant and will be understood to be acting for and in concurrence with all Chief Investigators).

a. Chief Investigator A

Surname _____ Title _____ Initials _____
Phone _____ Current Appointment _____
Ext. _____ Fax _____
Email _____
Current Work Contact Address _____
Department _____
Institution _____ Suburb _____ Post Code

Academic Qualifications		
Year	Conferring Institution	Degree
1.		
2.		
3.		

b. Chief Investigator B

Surname _____ Title _____ Initials _____
Phone _____ Current Appointment _____
Ext. _____ Fax _____
Email _____
Current Work Contact Address _____
Department _____
Institution _____ Suburb _____ Post Code

Academic Qualifications		
Year	Conferring Institution	Degree
1.		
2.		
3.		

c. Chief Investigator C

Surname _____ Title _____ Initials _____

Phone _____ Current Appointment _____

Ext. _____ Fax _____

Email _____

Current Work Contact Address _____

Department _____

Institution _____ Suburb _____ Post Code

Academic Qualifications		
Year	Conferring Institution	Degree
1.		
2.		
3.		

d. Chief Investigator D

Surname _____ Title _____ Initials _____

Phone _____ Current Appointment _____

Ext. _____ Fax _____

Email _____

Current Work Contact Address _____

Department _____

Institution _____ Suburb _____ Post Code

Academic Qualifications		
Year	Conferring Institution	Degree
1.		
2.		
3.		

15. Research support from other sources

Please list in the following order:

a. Currently held (at time of submission of this application)

Other Sources 1	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

Other Sources 2	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

Other Sources 3	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

b. Requested (for next year)

Other Sources 1	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

Other Sources 2	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

16. Have you applied for funding for this research proposal from any other source (Please List)

(Funding will not be provided for duplicated applications)

Other Sources 1	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

Other Sources 2	
Title	
Investigators	
Years	
Funds for Each Year	
Source of Support	

17. Budget Items

a. Budget Items

Detailed Budget - Items	Amount
SALARIES:	
TOTAL:	

Signatures

Name of Chief Investigator A _____

Signature of Chief Investigator A _____ Date _____

Name of Head of Intended Department

I certify that this Department has the facilities and funding to support this proposal and that I believe this person is a suitable Applicant for this Grant.

Signature of Head of Intended Department _____ Date _____

Certification by Head of Administering Institution (Capital Letters)

(Head of Institution or Nominee)

I certify that should be awarded a Grant, this Institution will be willing to administer the grant on his/her behalf.

Name of Head of Administering Institution (Use Capital Letters)

Title _____ Given names _____

Surname _____

Department _____

Institution _____

Signature of Head of Administering Institution _____ Date _____

Clearance Requirements

All research undertaken under the auspices of this Grant must comply with all institutional and legislative requirements with respect to human and animal ethics, gene technology and workplace health and safety.

No award will be made until evidence that all necessary clearances have been obtained

Does this project:

Include research involving humans?

Yes

No

Include research involving animals?

Yes

No

Involve organisms being genetically manipulated such that the research falls under current Office of Gene Technology regulator Guidelines?

Yes

No

Involve the use of carcinogenic or highly toxic chemicals?

Yes

No

CHECKLIST

Checklist of application requirements. This sheet must be completed.

CIA Name _____

Department _____

Institution _____ Phone Number () _____

Project Title _____

	Yes	No
Evidence of residency status (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Certification of Medical/Professional registration in Australia (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Academic transcript (to be attached at the end of application)	<input type="checkbox"/>	<input type="checkbox"/>
Human ethics clearance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Animal ethics clearance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
OGTR or RDNA clearance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Toxic chemicals/carcinogen clearance and statement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>